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CLEVELAND, OH 44114-3108						(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/597,285	07/19/2006	<u> </u>	Yasuhiro Maenishi		40648	8841	
TITLE OF INVENTION MACHINE	N: LINE BALANCE C	ONTROL METHOD, L	INE BALANCE CONTR	OL APPARATUS,	AND COMPONENT MO	DUNTINĠ	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/02/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	ī			
SIVANESAN, SIVALINGAM		2121	700-009000	1			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or ty	-			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Panasonic Corporation Osaka, Japan							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) Issue Fee Publication Fee (N Advance Order -	No small entity discount p		A check is enclosed. Payment by credit car	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 505004 (enclose an extra copy of this form).			
		The state of the s	overpayment, to Depo	sit Account Number	505004 (enclose a	n extra copy of this form).	
a. Applicant claim	tus (from status indicated s SMALL ENTITY state	is. See 37 CFR 1.27.			L ENTITY status. See 37 C		
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Authorized Signature // // // Date 12/29/09							
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